

1. *Recipient Activities. a. Program Management.* Identify and hire staff with the appropriate competencies to manage a tobacco prevention and control program and provide information to demonstrate that management staff are at a level within the agency to affect the decision making process related to the tobacco program.

A suggested minimum number of staff would be seven FTEs including one FTE Program Manager and one FTE for administrative support. Staff should have knowledge and skills in: Program development, coordination and management; fiscal management including management of funding to State and local partners; leadership development; tobacco control and prevention content; cultural competence; public health policy including analysis, development and implementation; community outreach and mobilization; training and technical assistance, health communications including counter-marketing; strategic use of media including media advocacy, earned and paid media; strategic planning; gathering and analyzing data (surveillance); and evaluation methods.

Funding from other sources increases the scope of the program, requiring additional staff to administer and monitor the program. A suggested number of staff based on increased funding levels would be an additional one to eight FTEs for a total of eight to sixteen FTEs with program justification including description of activities funded through other sources. The Program Manager and the administrative support position should be FTEs within the State Health Department (SHD). Other positions may be SHD FTEs or may be contractual.

Performance will be measured by evidence that the SHD has dedicated human resources to administer and manage the program effectively that is consistent with the competencies and staffing levels identified above in item (a) "Program Management."

Evidence of the provision of ongoing training for staff can be demonstrated through staff participation in CDC sponsored training, meetings and conferences and other continuing education opportunities as identified by SHD program staff.

Evidence of organizational impact could be demonstrated by providing evidence that management staff have organizational access to the State Health Officer and by providing information to support senior level management involvement in the tobacco program.

*b. Fiscal Management.* 1. Describe how funding to support State and local programs that focus on population-

based strategies, are science-based and policy-focused, and reach diverse groups will be accomplished.

2. Track and monitor the health and economic burden of tobacco use in the State through surveillance and evaluation activities, program activities supporting goals and objectives, tracking policy development and implementation.

Performance will be measured by evidence that the SHD activities resulted in accomplishment of items (a) through (d) above.

*c. Strategic Planning.* Develop a five-year strategic plan with active participation of State and local partners. The strategic plan should reflect all tobacco prevention and control activities in the State. It should be linked to and complement the SHD comprehensive cancer control plan, the cardiovascular health plan and other SHD plans to reduce tobacco-related chronic diseases. The five-year strategic plan should include: Description of evidence-based program and policy strategies tailored to data determined State needs; a logic model linking activities to outputs and short-term and intermediate outcomes using specific, measurable, achievable, relevant, and time bound program objectives; program evaluation activities including a summary and time-line for data collection activities; program components that address counter-marketing and strategic use of media advocacy and paid media when appropriate); strategies to address the four program goal areas.

Performance will be measured by evidence that a five-year basic implementation, strategic State tobacco control plan has been developed and will be updated based on environmental changes. Evidence can be shown by a description of how the plan was developed and the submission of a plan that is consistent with the activities described above in item (a) "Strategic Planning."

*d. Surveillance and Evaluation.*

Develop and implement a basic implementation evaluation plan with stakeholder's involvement. The evaluation plan should include clear goal-based logic models, with outputs, short, intermediate, and long-term objectives; data collection on key tobacco-related indicators using valid methods that are comparable across States; data collection timetables, the production and dissemination of evaluation reports and establishment of a method to track the number and type of policy and systems changes that promote cessation. References U.S. HHS CDC "Introduction to Program

Evaluation for Comprehensive Tobacco Control Programs, November 2001" and the upcoming report on key indicators that can be used to monitor and evaluate State level tobacco control programs (expected publication date: Spring 2003) for additional information.

Performance will be measured by accomplishment of the activities described above in item (a) "Surveillance and Evaluation" and by providing the following evidence: A description of a comprehensive evaluation plan, including the involvement of stakeholders in the evaluation planning process; recommendations made and/or actions taken by an advisory group or task force composed of diverse State and local representation; a description of the data collection activities, including methodologies and data analysis; a description of process and outcome objectives and indicators to be used in program evaluation; a description of the SHD's role in coordinating surveillance and evaluation efforts and providing technical assistance and training on program monitoring, data collection, and evaluation; the production of useful evaluation reports, and the utilization of evaluation findings to improve, expand, or maintain the tobacco control program.

*e. Collaboration and Communication with Partners.* Develop and maintain Statewide and local active partnerships that support the goal of reducing or eliminating the health and economic burden of tobacco use and an effective communication system with partners at the State and local level. Partnerships may include Statewide and local organizations, voluntary health organizations, universities, local health departments, organizations that represent diverse communities, community based organizations, Statewide and local coalition, and boards commissions, and advisory groups with responsibility for the State Tobacco Control Program. Working with partners includes capacity building with those organizations through technical assistance, training and educational activities.

Performance will be measured by accomplishment of the activities described above in item (a) "Collaboration and Communication with Partners" and by providing the following evidence: Submission of letters of support that clearly define the level of commitment from the organization; description of grants, contacts, and memoranda of understanding; membership lists; active participation in meetings; clear role definitions for partners; active